

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/13/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155064		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 04/28/2011	
NAME OF PROVIDER OR SUPPLIER FAIRMONT REHABILITATION CENTER, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 3518 SOUTH LAFOUNTAIN STREET KOKOMO, IN46902			
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F0000	<p>This visit was for the Investigation of Complaint IN00089695.</p> <p>Complaint IN00089695- Substantiated, federal/state deficiencies related to the allegation are cited at F225 and F226.</p> <p>Survey date: April 27, 28, 2011</p> <p>Facility number: 000025 Provider number: 155064 AIM number: 100274850</p> <p>Surveyor: Jeri Curtis, RN</p> <p>Census bed type: SNF: 13 SNF/NF: 45 Total: 58</p> <p>Census payor type: Medicare: 13 Medicaid: 39 Other: 6 Total: 58</p> <p>Sample: 4</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2</p>			F0000	<p>By submitting the enclosed information we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the Plan of Correction be considered our allegation of compliance to the state findings of the complaint survey conducted on April 27 and 28, 2011. The facility is requesting a DESK REVIEW as there was not any actual harm identified during this survey.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0225 SS=D	<p>Quality review completed on May 3, 2011 by Bev Faulkner , RN</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review</p>			F0225	Corrective Action: Resident Cand D have been assessed. They		05/06/2011

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	<p>and interview, the facility failed to ensure allegations of abuse, involving 2 residents (Residents C and D) among the sample of 4, reviewed for abuse, were reported to the state survey agency and other officials in accordance with state law.</p> <p>The facility also failed to report the results of the investigations within 5 working days to the state survey agency and other officials in accordance with state law.</p> <p>Findings include:</p>				<p>have not suffered no physical or psychological effects from the alleged events that occurred. All allegations of abuse are being immediately reported to the administrator and a member of administration is notifying the Indiana State Department of Health in accordance with the reportable events guidelines. Identification: All allegations are being immediately reported to administration. The facility has adopted the practice upon receiving an allegation of abuse the report will be faxed to the Indiana State Department of Health in accordance with the reportable events guidelines and the confirmation of receipt of this report will be obtained and placed in the file with the investigation of the alleged event. System Change: A mandatory in-service was provided for staff related to the facility abuse policy. In addition the facility has adopted the practice of printing out the confirmation of receipt of this report and placing it with the investigation. Monitoring: Following any allegation of abuse the interdisciplinary team will meet to review the alleged event. The team will validate that all steps of the facility abuse policy have been followed in accordance with the reportable events guidelines. The facility will conduct audits weekly for 3 weeks, monthly for 3 months and quarterly for 3 quarters All</p>		

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	<p>1. During a 4/27/11, 4:20 P.M., interview, the Administrator indicated the facility had recently had two allegations of abuse. The Administrator indicated the allegations, involving two different residents, (Residents C and D), had been investigated internally and were not substantiated. The Administrator indicated because the allegations were not substantiated, a report was not made to the state survey agency, the</p>				<p>identified trends will be reviewed at the monthly Clinical meeting. any continued issues will be brought to QAA committee for any further recommendations and/ or resolutions. The QAA committee may discontinue any further monitoring if no trends are identified.</p>		

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	<p>Indiana State Department of Health. The Administrator indicated Resident (C) had alleged rape. The Administrator indicated the second allegation was the refusal of a certified nursing assistant (CNA#1) to provide personal care to Resident (D). The Administrator indicated CNA #1 was suspended during the internal investigation.</p> <p>The Administrator provided copies of both internal investigations.</p>						

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	<p>The 4/15/11, allegation of rape by Resident (C) was reported by the evening supervisor, Registered Nurse (RN#1).</p> <p>The written statement of RN #1 indicated after having received the allegation she (RN#1) found Resident (C) in the dining room, crying, while she spoke with a family member (#1).</p> <p>RN #1 documented she escorted (Resident C) to her room. Resident (C) said she did not know what happened, she was asleep in bed, got up and</p>						

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	<p>changed her clothes, and felt funny.</p> <p>Resident (C) related she always kept herself clean, however, noticed a smell.</p> <p>Resident (C) also said it was as if someone had touched her, "he could have raped me."</p> <p>RN #1 documented earlier in the evening, CNA #2 had found Resident (C) in a male resident's room with her pants off and the blouse half removed. CNA #2 reported one of the male residents was not in the room and the other was</p>						

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	<p>outside and would not enter because he saw Resident (C).</p> <p>Later, it was discovered, the same evening Resident (C) had also reported to Qualified Medication Aide (QMA#1), when she woke up someone had raped her. QMA#1 asked if Resident (C) had seen the person. Resident (C) had said, no because she was asleep. QMA #1 called a family member (#2) to come be with Resident (C).</p>						

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	<p>RN #1 notified the Social Services Director (SSD), who came to the facility and interviewed Resident (C) in the presence of a family member (#2). The SSD asked family member #2 if he felt Resident (C) had been raped. Family member #2 replied in the past medications or a urinary tract infection had caused inappropriate behaviors.</p> <p>Family member #2 indicated he did not believe rape had occurred and thought Resident (C) was</p>						

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	recalling something that may or may not have occurred in her past. Family member #2 indicated he did want the physician notified. The SSD documented he obtained statements from all witnesses and contacted the Administrator by telephone. The investigation concluded Resident (C) had been increasing confusion and delusions and had confused another room with her own. The SSD documented after interviews with all						

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	<p>involved he concluded Resident (C) did not experience actual harm and the event had not occurred. Documentation indicated Resident (C) exhibited no signs of distress during interview and had diagnosis of dementia.</p> <p>The 4/15/11, Abuse, Neglect, Exploitation Investigating Checklist, completed by the Administrator, was included with the internal investigation. The checklist had 15 points, including</p>						

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	obtaining an incident report of the allegation, obtaining written statements from all involved, notifying the family and physician, obtaining a report from the Medical Director, reviewing CNA assignment sheets for appropriate wing and shift, and if an employee was involved, obtaining copies of any previous suspected abuse reports. Point #4, reporting to the Ombudsman, state survey agency, and police, was checked as no, with a hand written						

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	<p>comment, "no abuse."</p> <p>RN #1 was interviewed at 4:00 P.M., 4/28/11, and indicated the allegation of Resident (C) had occurred during her first week of employment. RN #1 indicated she had followed the outlined procedure and had contacted the SSD to interview and had notified the Administrator immediately.</p> <p>The record of Resident (C) was reviewed at</p>						

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	<p>12:40 P.M., 4/28/11, and indicated a 5/09, admission, with diagnoses, including, but not limited to, dementia. Resident (C) was assessed as having moderate impairment and a short term memory loss of the 4/16/11, annual Minimum Data Set (MDS). An interview with Resident (C) was attempted at 1:10 P.M., 4/28/1. Resident (C) did not have recall of the alleged incident.</p> <p>2. The internal</p>						

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	<p>investigation of the 4/20/11, allegation of Resident (D) indicated a request to CNA #1 to assist in changing a brief. Resident (D) alleged CNA#1 had said (Resident D) could "do it herself."</p> <p>The investigation was titled Allegation of Abuse, 4/21/11, Resident (D).</p> <p>The 4/20/11, documented interview of Resident (D) by the SSD indicated she (Resident D) had requested CNA #1 to assist with</p>						

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	<p>changing a brief, was refused, changed herself, did not have dry pants, and remained only in the dry brief the rest of the night.</p> <p>Documentation indicated after questioning by the Director of Nursing (DoN), and the SSD, Resident (D) stated she did not need help with changing a brief, she had wanted CNA #1 to do it because it was her job to help.</p> <p>The 4/21/11, conclusion, documented by the SSD, indicated after interviews with all involved, it was</p>						

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	<p>determined Resident (D) had not made a complaint to the nurse on duty on 4/20/11. The conclusion also indicated Resident (D) had made a comment to another CNA (not identified) she had sat in wet pants until the midnight shift had assisted her.</p> <p>Documentation indicated the midnight shift nurse and CNA (unidentified) had said Resident (D) was dry when they came on duty.</p> <p>The final documented conclusion was the admission of Resident</p>						

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	<p>(D) she was capable of changing her brief and had requested CNA #1 do so because she (Resident D) wanted her to assist with the change.</p> <p>The 4/20/11, Abuse, Neglect, Exploitation Investigating Checklist, completed by the Administrator, was included with the internal investigation. On point #4, report made to the Ombudsman, and state survey agency, The Administrator indicated no, with a written comment, "no abuse."</p>						

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	<p>The record of Resident (D) was reviewed at 3:15 P.M., 4/28/11, and indicated a 3/30/11, admission.</p> <p>Diagnoses, included, but were not limited to, depression, chronic pain, and a history of falls.</p> <p>Resident (C) was assessed on the 4/6/11, initial Minimum Data Set (MDS) as cognitively alert.</p> <p>An attempt to interview was made at 4:40 P.M., 4/28/11, and Resident (D) declined.</p>						

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F0226 SS=D	<p>This federal tag relates to Complaint IN00089695.</p> <p>3.1-28(c) 3.1-28(e)</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on record review and interview, the facility failed to implement established policies for reporting alleged abuse of 2 residents (Residents C and D) among the sample of 4, reviewed for abuse.</p> <p>Findings include:</p>	F0226	<p>Corrective Action: Residents Cand D have suffered no no ill effects related to the failure to report the allegations. In therevent that any further allegationsoccur they will be reported to adminstration and the Indiana State Department of Health in accordance with the facility policy. Identification: Any allegation of abuse will be immediately reported to administration who in turn will notify the Indiana State Department of Health in accordance with the ereportable events guidelines. A confirmation of the receipt of this report will be printed and placed in investigationfile. Any employee who fails to follow the facility abuse policy will be subject to the facilitiesdisciplinary process whiuch may include termination of employment.System Change: A mandatory in-service was</p>	05/06/2011	

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	<p>The facility's policy, Resident Abuse Prevention (undated) was provided by the Director of Nursing, 4/27/11.</p> <p>The definitions of abuse included withholding care or privileges, and sexual abuse.</p> <p>The facility's introductory statement indicated an intent to promote and protect the rights of each resident and to instruct all staff on compliance with all applicable policies and procedures.</p> <p>Point E, #2,</p>				<p>provided for employees related to the facility abuse policy. The staff was advised that failure to follow the facility abuse policy will result in disciplinary action which may include termination of employment. In addition the facility has adopted the practice of printing out confirmation of the receipt of this report to the Indiana State Department of Health and placing that documentation in the investigation file. Monitoring: Following any allegation of abuse the interdisciplinary team will review the event. The team will validate that all steps of the facility abuse policy have been followed in accordance with the reportable events guidelines. The facility will conduct audits weekly for 3 weeks, monthly for 3 weeks and quarterly for 3 quarters any identified trends will be reviewed at our monthly Clinical meeting. any identified issues will be referred to the QAA committee. The QAA committee may discontinue any further monitoring if no trends are identified.</p>		

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	reporting/response, under guidelines indicated the Administrator was to take appropriate actions following the completion of an investigation and the preparation of a written report and statements. Such actions were to include, but not be limited to, notification of state agency, resident and family members, attending physician and the Medical Director. Point E, #5 indicated the Administrator was responsible to ensure all alleged violations and all						

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	<p>substantiated incidents were reported to the applicable state agencies in accordance with regulations.</p> <p>1. During a 4/27/11, 4:20 P.M., interview, the Administrator indicated the facility had recently had two allegations of abuse. The Administrator indicated the allegations, involving 2 different residents, (Residents C and D), had been investigated internally and were not substantiated.</p> <p>The Administrator</p>						

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	<p>indicated because the allegations were not substantiated, a report was not made to the state survey agency, the Indiana State Department of Health. The Administrator indicated Resident (C) had alleged rape. The Administrator indicated the second allegation was the refusal of a certified nursing assistant (CNA#1) to provide personal care to Resident (D). The Administrator indicated CNA #1 was suspended during the</p>						

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	<p>internal investigation.</p> <p>The Administrator provided copies of both internal investigations. The 4/15/11, allegation of rape by Resident (C) was reported by the evening supervisor, Registered Nurse (RN#1). The written statement of RN #1 indicated after having received the allegation she (RN#1) found Resident (C) in the dining room, crying, while she spoke with a family member (#1). RN #1 documented she</p>						

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	<p>escorted (Resident C) to her room. Resident (C) said she did not know what happened, she was asleep in bed, got up and changed her clothes, and felt funny.</p> <p>Resident (C) related she always kept herself clean, however, noticed a smell.</p> <p>Resident (C) also said it was as if someone had touched her, "he could have raped me."</p> <p>RN #1 documented earlier in the evening, CNN #2 had found Resident (C) in a male resident's room with her</p>						

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	<p>pants off and the blouse half removed. CNA #2 reported one of the male residents was not in the room and the other was outside and would not enter because he saw Resident (C).</p> <p>Later, it was discovered, the same evening Resident (C) had also reported to Qualified Medication Aide (QMA#1), when she woke up someone had raped her. QMA#1 asked if Resident (C) had seen the person. Resident (C) had said, no because she</p>						

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	<p>was asleep. QMA #1 called a family member (#2) to come be with Resident (C).</p> <p>RN #1 notified the Social Services Director (SSD), who came to the facility and interviewed Resident (C) in the presence of a family member (#2). The SSD asked family member #2 if he felt Resident (C) had been raped. Family member #2 replied in the past medications or a urinary tract infection had caused inappropriate behaviors.</p>						

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	<p>Family member #2 indicated he did not believe rape had occurred and thought Resident (C) was recalling something that may or may not have occurred in her past. Family member #2 indicated he did want the physician notified. The SSD documented he obtained statements from all witnesses and contacted the Administrator by telephone. The investigation concluded Resident (C) had been increasing confusion and</p>						

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	<p>delusions and had confused another room with her own. The SSD documented after interviews with all involved he concluded Resident (C) did not experience actual harm and the event had not occurred. Documentation indicated Resident (C) exhibited no signs of distress during interview and had diagnosis of dementia.</p> <p>The 4/15/11, Abuse, Neglect, Exploitation Investigating Checklist, completed by the</p>						

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	Administrator, was included with the internal investigation. The checklist had 15 points, including obtaining an incident report of the allegation, obtaining written statements from all involved, notifying the family and physician, obtaining a report from the Medical Director, reviewing CNA assignment sheets for appropriate wing and shift, and if an employee was involved, obtaining copies of any previous suspected abuse reports.						

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	<p>Point #4, reporting to the Ombudsman, state survey agency, and police, was checked as no, with a hand written comment, "no abuse."</p> <p>RN #1 was interviewed at 4:00 P.M., 4/28/11, and indicated the allegation of Resident (C) had occurred during her first week of employment. RN #1 indicated she had followed the outlined procedure and had contacted the SSD to interview and had notified the</p>						

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	<p>Administrator immediately.</p> <p>The record of Resident (C) was reviewed at 12:40 P.M., 4/28/11, and indicated a 5/09, admission, with diagnoses, including, but not limited to, dementia. Resident (C) was assessed as having moderate impairment and a short term memory loss of the 4/16/11, annual Minimum Data Set (MDS). An interview with Resident (C) was attempted at 1:10 P.M.,</p>						

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	<p>4/28/1. Resident (C) did not have recall of the alleged incident.</p> <p>2. The internal investigation of the 4/20/11, allegation of Resident (D) indicated a request to CNA #1 to assist in changing a brief. Resident (D) alleged CNA#1 had said (Resident D) could do it herself.</p> <p>The investigation was titled Allegation of Abuse, 4/21/11, Resident (D).</p> <p>The 4/20/11,</p>						

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	<p>documented interview of Resident (D) by the SSD indicated she (Resident D) had requested CNA #1 to assist with changing a brief, was refused, changed herself, did not have dry pants, and remained only in the dry brief the rest of the night.</p> <p>Documentation indicated after questioning by the Director of Nursing (DoN), and the SSD, Resident (D) stated she did not need help with changing a brief, she had wanted CNA #1 to do it because it was her job to</p>						

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	<p>help.</p> <p>The 4/21/11, conclusion, documented by the SSD, indicated after interviews with all involved, it was determined Resident (D) had not made a complaint to the nurse on duty on 4/20/11. The conclusion also indicated Resident (D) had made a comment to another CNA (not identified) she had sat in wet pants until the midnight shift had assisted her.</p> <p>Documentation indicated the midnight shift nurse and CNA (unidentified) had said Resident (D)</p>						

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	<p>was dry when they came on duty.</p> <p>The final documented conclusion was the admission of Resident (D) she was capable of changing her brief and had requested CNA #1 do so because she (Resident D) wanted her to assist with the change.</p> <p>The 4/20/11, Abuse, Neglect, Exploitation Investigating Checklist, completed by the Administrator, was included with the internal investigation.</p> <p>On point #4, report made</p>						

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	<p>to the Ombudsman, and state survey agency, The Administrator indicated no, with a written comment, "no abuse."</p> <p>The record of Resident (D) was reviewed at 3:15 P.M., 4/28/11, and indicated a 3/30/11, admission.</p> <p>Diagnoses, included, but were not limited to, depression, chronic pain, and a history of falls.</p> <p>Resident (C) was assessed on the 4/6/11, initial minimum data set (MDS) as cognitively alert.</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/13/2011

FORM APPROVED

OMB NO. 0938-0391

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	<p>An attempt to interview was made at 4:40 P.M., 4/28/11, and Resident (D) declined.</p> <p>This federal tag relates to Complaint IN00089695.</p> <p>3.1-28(a)</p>						